		FOR OHF USE					

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2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0046094

Facility Name: Sunset Manor Nursing Home

Address: 129 South First Avenue (Number) Canton (City) 61520 (Zip Code)

County: Fulton

Telephone Number: (309) 674-4327 **Fax #** (309) 674-4354

IDPA ID Number: 370997695001

Date of Initial License for Current Owners: 08/01/1990

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
		X	"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Christine A. Hanover **Telephone Number:** (312) 384-6000
Please send copies of desk review and audit adjustments to address on this page

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/04 to 12/31/04 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)	(Date)
	(Type or Print Name)	
	(Title)	
Paid Preparer	(Signed)	SEE ACCOUNTANTS' COMPILATION REPORT (Date)
	(Print Name and Title)	
	(Firm Name & Address)	Altschuler, Melvoin and Glasser LLP One South Wacker Drive, Suite 800, Chicago, IL 60606
	(Telephone)	(312) 384-6000 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	17	Skilled (SNF)	17	6,222	1
2		Skilled Pediatric (SNF/PED)			2
3	90	Intermediate (ICF)	90	32,940	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	107	TOTALS	107	39,162	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF			2,141	2,141	8
9	SNF/PED					9
10	ICF	29,411	6,287		35,698	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	29,411	6,287	2,141	37,839	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 96.62%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 08/01/1990

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 08/01/1990 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 18 and days of care provided 2,141

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/04 Fiscal Year: 12/31/04

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	147,978	22,199		170,177		170,177	8,240	178,417			1
2	Food Purchase		178,203		178,203		178,203	(4,294)	173,909			2
3	Housekeeping	147,088	19,950		167,038		167,038	48	167,086			3
4	Laundry	53,643	9,512		63,155		63,155	(282)	62,873			4
5	Heat and Other Utilities			80,989	80,989		80,989	748	81,737			5
6	Maintenance	22,920	39,982	7,498	70,400		70,400	5,147	75,547			6
7	Other (specify):* Mgmt. Co. Benefits							1,474	1,474			7
8	**TOTAL General Services**	371,629	269,846	88,487	729,962		729,962	11,081	741,043			8
	B. Health Care and Programs											
9	Medical Director			7,298	7,298		7,298		7,298			9
10	Nursing and Medical Records	1,562,295	74,569	3,484	1,640,348		1,640,348	18,103	1,658,451			10
10a	Therapy	63,927		13,750	77,677		77,677	7	77,684			10a
11	Activities	44,121	992		45,113		45,113	8	45,121			11
12	Social Services	24,569	35		24,604		24,604		24,604			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):* Mgmt. Co. Benefits							1,749	1,749			15
16	**TOTAL Health Care and Programs**	1,694,912	75,596	24,532	1,795,040		1,795,040	19,867	1,814,907			16
	C. General Administration											
17	Administrative	39,795		295,714	335,509		335,509	(194,609)	140,900			17
18	Directors Fees											18
19	Professional Services			29,345	29,345		29,345	13,666	43,011			19
20	Dues, Fees, Subscriptions & Promotions			12,067	12,067		12,067	(917)	11,150			20
21	Clerical & General Office Expenses	18,488	7,953	16,377	42,818		42,818	62,472	105,290			21
22	Employee Benefits & Payroll Taxes			326,387	326,387		326,387		326,387			22
23	Inservice Training & Education			2,469	2,469		2,469	1,042	3,511			23
24	Travel and Seminar			271	271		271	2,212	2,483			24
25	Other Admin. Staff Transportation			10,681	10,681		10,681	3,668	14,349			25
26	Insurance-Prop.Liab.Malpractice			61,411	61,411		61,411	1,487	62,898			26
27	Other (specify):* Mgmt. Co. Benefits							17,150	17,150			27
28	**TOTAL General Administration**	58,283	7,953	754,722	820,958		820,958	(93,829)	727,129			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,124,824	353,395	867,741	3,345,960		3,345,960	(62,881)	3,283,079			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Sunset Manor Nursing Home #0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	D. Ownership											
30	Depreciation			120,347	120,347		120,347	59,110	179,457			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			178,456	178,456		178,456	8,411	186,867			32
33	Real Estate Taxes			39,964	39,964		39,964	(2,061)	37,903			33
34	Rent-Facility & Grounds			53	53		53	4,212	4,265			34
35	Rent-Equipment & Vehicles			4,781	4,781		4,781	470	5,251			35
36	Other (specify):*											36
37	**TOTAL Ownership**			343,601	343,601		343,601	70,142	413,743			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		14,333		14,333		14,333		14,333			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			58,744	58,744		58,744		58,744			42
43	Other (specify):* Nonallowable Costs			24,283	24,283		24,283	(24,283)				43
44	**TOTAL Special Cost Centers**		14,333	83,027	97,360		97,360	(24,283)	73,077			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,124,824	367,728	1,294,369	3,786,921		3,786,921	(17,022)	3,769,899			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

****See schedule of adjustments attached at end of cost report.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms	(5,658)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	51,745	30		9
10	Interest and Other Investment Income	(6)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,529)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(850)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(1,674)	43		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax	30	43		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(5,048)	43		28
29	Other-Attach Schedule See Pg 5A	(23,367)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ 13,643		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(30,665)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (30,665)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (17,022)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Sunset Manor Nursing Home

ID# 0046094

Report Period Beginning: 01/01/04

Ending: 12/31/04

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Disallow Labs - Part A	$ (9,469)	43	1
2	Disallow X-Rays - Part A	(85)	43	2
3	Offset Meal Income	(4,259)	2	3
4	Offset Transportation Income	(582)	25	4
5	Offset Vending Income	(38)	2	5
6	Disallow Non-Allowable Dues & Subscriptions	(1,730)	20	6
7	Disallow Non-Allowable Professional Fees - Other	(4,500)	19	7
8	Disallow Non-Care Asset Real Estate Tax	(2,608)	33	8
9	Disallow Non-Allowable Professional Fees - Legal	(96)	19	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(23,367)		49

Sunset Manor Nursing Home
Provider #: 0046094
01/01/04 to 12/31/04 **Schedule 5A**

VI. Adjustment Detail
Line 29 - Other

Non-allowable expenses	Amount	Reference

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS — Summary A

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 **Report Period Beginning:** 01/01/04 **Ending:** 12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	8,240	0	0	0	0	0	0	0	0	0	8,240	1
2	Food Purchase	(4,297)	3	0	0	0	0	0	0	0	0	0	(4,294)	2
3	Housekeeping	0	34	0	0	0	0	0	0	0	0	0	34	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	748	0	0	0	0	0	0	0	0	0	748	5
6	Maintenance	0	5,147	0	0	0	0	0	0	0	0	0	5,147	6
7	Other (specify):*	0	1,474	0	0	0	0	0	0	0	0	0	1,474	7
8	**TOTAL General Services**	(4,297)	15,646	0	0	0	0	0	0	0	0	0	11,349	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	18,103	0	0	0	0	0	0	0	0	0	18,103	10
10a	Therapy	0	7	0	0	0	0	0	0	0	0	0	7	10a
11	Activities	0	8	0	0	0	0	0	0	0	0	0	8	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	1,749	0	0	0	0	0	0	0	0	0	1,749	15
16	**TOTAL Health Care and Programs**	0	19,867	0	0	0	0	0	0	0	0	0	19,867	16
	C. General Administration													
17	Administrative	0	(194,609)	0	0	0	0	0	0	0	0	0	(194,609)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(4,596)	18,262	0	0	0	0	0	0	0	0	0	13,666	19
20	Fees, Subscriptions & Promotions	(1,730)	813	0	0	0	0	0	0	0	0	0	(917)	20
21	Clerical & General Office Expenses	0	0	62,472	0	0	0	0	0	0	0	0	62,472	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	1,042	0	0	0	0	0	0	0	0	1,042	23
24	Travel and Seminar	0	0	2,212	0	0	0	0	0	0	0	0	2,212	24
25	Other Admin. Staff Transportation	(582)	0	4,250	0	0	0	0	0	0	0	0	3,668	25
26	Insurance-Prop.Liab.Malpractice	0	0	1,487	0	0	0	0	0	0	0	0	1,487	26
27	Other (specify):*	0	0	17,150	0	0	0	0	0	0	0	0	17,150	27
28	**TOTAL General Administration**	(6,908)	(175,534)	88,613	0	0	0	0	0	0	0	0	(93,829)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(11,205)	(140,021)	88,613	0	0	0	0	0	0	0	0	(62,613)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 **Report Period Beginning:** 01/01/04 **Ending:** 12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	51,745	0	7,365	0	0	0	0	0	0	0	0	59,110	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(6)	0	8,417	0	0	0	0	0	0	0	0	8,411	32
33	Real Estate Taxes	(2,608)	0	547	0	0	0	0	0	0	0	0	(2,061)	33
34	Rent-Facility & Grounds	0	0	4,265	0	0	0	0	0	0	0	0	4,265	34
35	Rent-Equipment & Vehicles	0	0	149	0	0	0	0	0	0	0	0	149	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	49,131	0	20,743	0	0	0	0	0	0	0	0	69,874	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(24,283)	0	0	0	0	0	0	0	0	0	0	(24,283)	43
44	**TOTAL Special Cost Centers**	(24,283)	0	0	0	0	0	0	0	0	0	0	(24,283)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	13,643	(140,021)	109,356	0	0	0	0	0	0	0	0	(17,022)	45

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Mark Petersen	100%	See attached Schedule 6A		See attached Schedule 6A		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	1	Dietary	$	Petersen Health Care, Inc.	100.00%	$ 8,240	$ 8,240	1
2	V	2	Food		Petersen Health Care, Inc.	100.00%	3	3	2
3	V	3	Housekeeping		Petersen Health Care, Inc.	100.00%	34	34	3
4	V	5	Utilities		Petersen Health Care, Inc.	100.00%	748	748	4
5	V	6	Maintenance		Petersen Health Care, Inc.	100.00%	5,147	5,147	5
6	V	7	Mgmt. Allocation of Benefits		Petersen Health Care, Inc.	100.00%	1,474	1,474	6
7	V	10	Nursing and Medical Records		Petersen Health Care, Inc.	100.00%	18,103	18,103	7
8	V	10A	Therapy		Petersen Health Care, Inc.	100.00%	7	7	8
9	V	11	Activities		Petersen Health Care, Inc.	100.00%	8	8	9
10	V	15	Mgmt. Allocation of Benefits		Petersen Health Care, Inc.	100.00%	1,749	1,749	10
11	V	17	Administrative	295,714	Petersen Health Care, Inc.	100.00%	101,105	(194,609)	11
12	V	19	Professional Services		Petersen Health Care, Inc.	100.00%	18,262	18,262	12
13	V	20	Dues, Fees, Subs & Promos		Petersen Health Care, Inc.	100.00%	813	813	13
14	Total			$ 295,714			$ 155,693	$ * (140,021)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	21	Clerical & General Office	$	Petersen Health Care, Inc.	100.00%	$ 62,472	$ 62,472	15
16	V	23	Inservice Training & Education		Petersen Health Care, Inc.	100.00%	1,042	1,042	16
17	V	24	Travel and Seminar		Petersen Health Care, Inc.	100.00%	2,212	2,212	17
18	V	25	Other Admin. Staff Transport.		Petersen Health Care, Inc.	100.00%	4,250	4,250	18
19	V	26	Insurance-Prop.Liab.Malpractice		Petersen Health Care, Inc.	100.00%	1,487	1,487	19
20	V	27	Mgmt. Allocation of Benefits		Petersen Health Care, Inc.	100.00%	17,150	17,150	20
21	V	30	Depreciation		Petersen Health Care, Inc.	100.00%	7,365	7,365	21
22	V	32	Interest		Petersen Health Care, Inc.	100.00%	8,417	8,417	22
23	V	33	Real Estate Taxes		Petersen Health Care, Inc.	100.00%	547	547	23
24	V	34	Rent - Facility & Grounds		Petersen Health Care, Inc.	100.00%	4,265	4,265	24
25	V	35	Rent - Equipment & Vehicles		Petersen Health Care, Inc.	100.00%	149	149	25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 109,356	$ * 109,356	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Sunset Manor Nursing Home
provider # 0046094
01/01/04 to 12/31/2004

Schedule 6A

VII Related Parties - Page 6

Related Nursing Homes	City	
In-State:		
Arcola Health Care Center	Arcola, IL	
Bement Health Care Center	Bement, IL	
Casey Health Care Center	Casey, IL	
Countryview Terrace	Louisville, IL	
Eastview Terrace	Sullivan, IL	
El Paso Health Care Center	El Paso, IL	
Flora Health Care Center	Flora, IL	
Havana Health Care Center	Havana, IL	
Kewanee Care Home	Kewanee, IL	
Palm Terrace of Mattoon	Mattoon, IL	
Prairie Rose Health Care Center	Pana, IL	
Robings Manor Nursing Home	Brighton, IL	
Royal Oaks Care Center	Kewanee, IL	
Sheldon Health Care Center	Sheldon, IL	
Sullivan Health Care Center	Sullivan, IL	
Sunset Manor Nursing Home	Canton, IL	
Tuscola Health Care Center	Tuscola, IL	
Out-of-State:		
Meadow Lawn Nursing Center	Davenport, IA	
Related Assisted Living		
Kewanee Courtyard Estates	Kewanee, IL	
Kewanee Courtyard Village	Kewanee, IL	
Monmouth Courtyard Estates	Monmouth, IL	
Other Related Business Entities		
Petersen Health Care, Inc.	Peoria, IL	Management/Bookkeeping
Petersen Health Care II, Inc.	Peoria, IL	Management/Bookkeeping
Petersen Enterprises	Peoria, IL	Management/Bookkeeping
Petersen Health Systems	Peoria, IL	Management/Bookkeeping
RLP Senior Villages, Inc.	Peoria, IL	Management/Bookkeeping

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week Hours	Percent	Compensation Included in Costs for this Reporting Period** Description	Amount	Schedule V. Line & Column Reference	
1	Mark Petersen	President	Administrative	100.00	991,884	5	10.00	Salary	$ 101,105	L17, C8	1
2											2
3											3
4					See Schedule 7A						4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 101,105		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Sunset Manor Nursing Home
provider # 0046094
01/01/04 to 12/31/2004

Schedule 7A

VII. Related Parties
C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors

Name	Arcola Health Care Center	Bement Health Care Center	Casey Health Care Center	Countryview Terrace	Eastview Terrace	El Paso Health Care Center	Flora Health Care Center	Havana Health Care Center	Kewanee Care Center	Meadow Lawn Nursing Center	Palm Terrace of Mattoon	Prairie Rose Health Care Center	Robings Manor Nursing Home	Royal Oaks Care Center	Sheldon Health Care Center	Sullivan Health Care Center	Sunset Manor Nursing Home	Tuscola Health Care Center	TOTAL
Mark Petersen	90,072	55,013	25,865	15,145	58,361	74,717	10,659	72,956	69,335	54,095	111,582	77,674	64,047	91,387	33,271	68,050	101,105	19,655	1,092,989

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Petersen Health Care Companies
Street Address: 7218 N. Villa Lake
City / State / Zip Code: Peoria, IL 61614
Phone Number: (309) 691-8113
Fax Number: (309) 691-8622

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary	Patient Days	409,056	18	$ 89,079	$ 89,071	37,839	$ 8,240	1
2	2	Food	Patient Days	409,056	18	33		37,839	3	2
3	3	Housekeeping	Patient Days	409,056	18	372		37,839	34	3
4	5	Utilities	Patient Days	409,056	18	8,082		37,839	748	4
5	6	Maintenance	Patient Days	409,056	18	55,644	49,773	37,839	5,147	5
6	7	Mgmt. Allocation of Benefits	Patient Days	409,056	18	15,931		37,839	1,474	6
7	10	Nursing and Medical Records	Patient Days	409,056	18	195,694	164,789	37,839	18,103	7
8	10A	Therapy	Patient Days	409,056	18	75		37,839	7	8
9	11	Activities	Patient Days	409,056	18	86		37,839	8	9
10	15	Mgmt. Allocation of Benefits	Patient Days	409,056	18	18,908		37,839	1,749	10
11	17	Administrative	Patient Days	409,056	18	1,092,989	1,092,989	37,839	101,105	11
12	19	Professional Services	Patient Days	409,056	18	197,418		37,839	18,262	12
13	20	Dues, Fees, Subs & Promos	Patient Days	409,056	18	8,792		37,839	813	13
14	21	Clerical & General Office	Patient Days	409,056	18	675,343	522,789	37,839	62,472	14
15	23	Inservice Training & Education	Patient Days	409,056	18	11,260		37,839	1,042	15
16	24	Travel and Seminar	Patient Days	409,056	18	23,910		37,839	2,212	16
17	25	Other Admin. Staff Transport.	Patient Days	409,056	18	45,949		37,839	4,250	17
18	26	Insurance-Prop.Liab.Mal.	Patient Days	409,056	18	16,073		37,839	1,487	18
19	27	Mgmt. Allocation of Benefits	Patient Days	409,056	18	185,395		37,839	17,150	19
20	30	Depreciation	Patient Days	409,056	18	79,620		37,839	7,365	20
21	32	Interest	Patient Days	409,056	18	90,987		37,839	8,417	21
22	33	Real Estate Taxes	Patient Days	409,056	18	5,910		37,839	547	22
23	34	Rent - Facility & Grounds	Patient Days	409,056	18	46,102		37,839	4,265	23
24	35	Rent - Equipment & Vehicles	Patient Days	409,056	18	1,612		37,839	149	24
25	TOTALS					$ 2,865,264	$ 1,919,411		$ 265,049	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	LaSalle Bank		X	Mortgage	$3,406.00	08/31/02	$ 3,145,161	$ 3,045,922	08/01/07	Varies	$ 164,641	1
2	Chrysler Financial		X	Vehicle Loan	$529.00	04/30/02	19,039	2,085	04/30/05	0.0694	4,446	2
3	Bank of Farmington		X	Vehicle Loan	$1,152.00	9/21/2001	55,280	10,059	01/2006	0.0725	825	3
4												4
5												5
	Working Capital											
6	LaSalle Bank		X	Working Capital	Interest Only	08/31/03	275,050		08/31/05	Varies	8,544	6
7												7
8												8
9	TOTAL Facility Related				$5,087.00		$ 3,494,530	$ 3,058,066			$ 178,456	9
	B. Non-Facility Related*											
10								Home Office Allocation			8,417	10
11								Offset Interest Income			(6)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ 8,411	14
15	TOTALS (line 9+line14)						$ 3,494,530	$ 3,058,066			$ 186,867	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2003 report.		$ 31,200	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2003	$ 32,956	2
3. Under or (over) accrual (line 2 minus line 1).		$ 1,756	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 35,600	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. Home Office Allocation 547			
TOTAL REFUND $ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 37,903	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1999	12,083	8
	2000	12,660	9
	2001	12,461	10
	2002	31,194	11
	2003	32,956	12

Real estate accrual is 110% based on prior year's tax bill.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2003	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, [illegible]

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Sunset Manor Nursing Home COUNTY Fulton

FACILITY IDPH LICENSE NUMBER 0046094

CONTACT PERSON REGARDING THIS REPORT Mark Petersen

TELEPHONE (309) 691-8113 FAX #: (309) 691-8622

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 200

	(A) Tax Index Numbe	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	09-08-27-438-017	Jones 2nd Add 67,68,E 1/2 69,E 1/2	$ 32,955.74	$ 32,955.74
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 32,955.74	$ 32,955.74

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? X YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 200 tax bill which is normally paid during 2004

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 27,554 B. General Construction Type: Exterior Brick Frame Steel Number of Stories Two

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: N/A
2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A
4. Dates Incurred: N/A

Nature of Costs: N/A
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		2002	$ 95,000	1
2					2
3	TOTALS			$ 95,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	105		2002	1972	$ 2,315,000	$ 59,359	30	$ 77,167	$ 17,808	$ 192,917	4
5				2001	413,768	11,385	20	20,688	9,303	72,408	5
6	2			2003	148,271	3,802	20	7,414	3,612	11,121	6
7											7
8											8
	Improvement Type**										
9	Petersen Properties Building Partnership			1990	6,417		15	428	428	6,099	9
10	Petersen Properties Building Partnership			1991	10,127		15	675	675	9,169	10
11	Petersen Properties Building Partnership			1993	4,719		15	315	315	3,491	11
12	Petersen Properties Building Partnership			1994	1,780		15	119	119	1,269	12
13	Petersen Properties Building Partnership			1995	13,199		20	660	660	6,426	13
14											14
15	Field Audit			1990	1,102		15	73	73	1,064	15
16	Drapes			1995	8,206		20	410	410	3,827	16
17	Remodeling			1996	14,630	375	20	733	358	5,980	17
18	Awning			1996	1,105	49	20	55	6	445	18
19	Landscaping			1996	4,036	240	20	202	(38)	1,751	19
20	Back Taxes on Land			1996	531		20	26	26	182	20
21	Tiling			1997	500		20	25	25	175	21
22	Doors			1997	5,250	135	20	263	128	2,104	22
23	Tiling			1997	8,228	211	20	411	200	3,254	23
24	Gutters			1997	2,759	71	20	138	67	1,070	24
25	Landscaping			1997	1,886	113	20	94	(19)	729	25
26	Door Closer			1997	1,688	43	20	84	41	616	26
27	Concrete Slab			1997	1,440	37	20	72	35	552	27
28	Painting			1997	1,207	31	20	60	29	465	28
29	Furnace			1997	2,389	61	20	119	58	853	29
30	Awning			1997	4,077		20	204	204	1,530	30
31	Telephone System			1997	1,189	99	20	59	(40)	428	31
32	Roof/Windows			1998	36,145	927	20	1,807	880	11,746	32
33	Drapery			1998	1,402	36	20	70	34	455	33
34	Expansion Design			1998	3,639		20	182	182	1,183	34
35	Flooring/Cove Base			1998	619	16	20	31	15	202	35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Awnings	1999	$ 353	$ 32	20	$ 18	$ (14)	$ 99	37
38	Roof (Balance)	1999	1,000	26	20	50	24	275	38
39	Drapes	2000	1,966	50	20	98	48	441	39
40	Remove Trees	2000	1,072	27	20	54	27	243	40
41	Expansion	2000	1,945	50	20	98	48	441	41
42	Wood	2000	1,072	27	20	54	27	243	42
43	Land Work	2000	2,510	64	20	126	62	567	43
44	Flooring	2000	1,168	30	20	58	28	261	44
45	Shades	2001	1,788	46	20	89	43	312	45
46	Painting	2001	2,228	57	20	111	54	389	46
47	Carpet	2001	4,841	124	20	242	118	847	47
48	Carpet	2001	8,000	205	20	400	195	1,400	48
49	Painting	2001	345	9	20	17	8	60	49
50	Fire System	2001	42,286	1,084	20	2,114	1,030	7,399	50
51	Carpet	2001	2,155	55	20	108	53	378	51
52	Kitchen Remodeling	2001	43,315	581	20	2,166	1,585	7,581	52
53	Expansion	2002	7,352	14	20	368	354	922	53
54	Wall	2002	6,000	154	20	300	146	750	54
55	New Addition	2004	3,021	77	20	77		77	55
56	Stairway, sunroom, new addition	2004	218,275	233	20	5,457	5,224	5,457	56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 3,366,001	$ 79,935		$ 124,589	$ 44,654	$ 369,653	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 333,091	$ 25,981	$ 30,773	$ 4,792	10	$ 174,138	71
72	Current Year Purchases	9,567	1,423	478	(945)	10	478	72
73	Fully Depreciated Assets	165,723					165,723	73
74	Home Office Allocation		7,365	7,365				74
75	TOTALS	$ 508,381	$ 34,769	$ 38,616	$ 3,847		$ 340,339	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	1990 Dodge Intrepid	1994	$ 32,448	$ 1,675	$	$ (1,675)	4	$ 32,448	76
77	Facility	1997 Ford E350 Van	1997	41,836				4	41,836	77
78	Facility	2001 Dodge Caravan	2001	47,863	6,433	11,966	5,533	4	41,881	78
79	Facility	2001 Chevy	2002	17,143	4,900	4,286	(614)	4	8,955	79
80	TOTALS			$ 139,290	$ 13,008	$ 16,252	$ 3,244		$ 125,120	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$	4,108,672	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$	127,712	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$	179,457	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	51,745	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$	835,112	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87	N/A				87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	Construction In Process	$ 265,549	92
93			93
94			94
95		$ 265,549	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [X] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5		Home Office Allocation			4,265			5
6								6
7	TOTAL				$ 4,265 **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A . N/A

9. Option to Buy: [ ] YES [ ] NO Terms: N/A *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	$
13.	/2006	$
14.	/2007	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [X] YES [ ] NO

16. Rental Amount for movable equipment: $ 5,251 Description: See Schedule
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18			N/A		18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Sunset Manor Nursing Home
Provider #: 0046094
01/01/04 to 12/31/04 **Schedule 14A**

XII. Rental Costs
Line 16: Breakdown of Movable Equipment

Equipment Type	Amount
Oxygen Tanks	$3,053.00
Dietary Equip.	$1,996.00
Other Rental	$53.00
Home Office Allocation	$149.00
	$5,251.00

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

It is the policy of this facility to only hire certified nurses aides.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2		3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10A,1	2098 hrs	$ 57,979		$	$	2,098	$ 57,979	1
2	Licensed Speech and Language Development Therapist	10A,3	180 hrs	5,948	413	13,641		593	19,589	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A,3	hrs		3	109		3	109	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39, 2	# of prescrpts				12,069		12,069	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): Oxygen	39, 2					2,264		2,264	13
14	TOTAL			$ 63,927	416	$ 13,750	$ 14,333	2,694	$ 92,010	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Sunset Manor Nursing Home
Provider #: 0046094
01/01/04 to 12/31/04 **Schedule 16A**

XIV. Special Services
Line 13 Other (specify):

Service	Line Reference	Outside Practioner Units	Cost	Supplies

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/04 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance none)	547,162	547,162	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	4,374	4,374	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Assessments	10,779	10,779	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 562,315	$ 562,315	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	174,053	95,000	13
14	Buildings, at Historical Cost	3,301,097	3,366,001	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	665,815	647,671	16
17	Accumulated Depreciation (book methods)	(782,054)	(835,112)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (sp Unimproved Land		76,440	22
23	Other(specify): See Attached	2,055,549	2,055,549	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,414,460	$ 5,405,549	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,976,775	$ 5,967,864	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 370,029	$ 370,029	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	91,216	91,216	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)	35,600	35,600	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See attached schedule 17A	641,122	641,122	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,137,967	$ 1,137,967	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	12,144	12,144	39
40	Mortgage Payable	3,045,922	3,045,922	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 3,058,066	$ 3,058,066	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 4,196,033	$ 4,196,033	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,780,742	$ 1,771,831	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,976,775	$ 5,967,864	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Sunset Manor Nursing Home
Provider # 0046094
01/01/04 to 12/31/2004

Schedule 17A

XV. BALANCE SHEET

B. Long Term Assets **Line 23, Other(specify):**	Operating	After Consolidation
Goodwill	1,790,000	1,790,000
Construction in Progress	265,549	265,549
Total	2,055,549	2,055,549

C. Current Liabilities **Line 36, Other Current Liabilities (specify):**	Operating	After Consolidation
Imprest Fund	(1,750)	(1,750)
Imprest Bread Fund	(300)	(300)
Cash In Bank - General Account	573,309	573,309
Accrued Vacation	56,189	56,189
Wage Garnishment	(143)	(143)
Accrued Sales Tax	294	294
Accrued Insurance	17	17
Accrued Expenses - Other	13,506	13,506
Total	641,122	641,122

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,497,199	1
2	Restatements (describe):		2
3			3
4	**Prior Period Adjustment**	345,695	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,842,894	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(62,152)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (62,152)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,780,742	24 *

Operating Entity Only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 3,329,494	1
2	Discounts and Allowances for all Levels	70,098	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 3,399,592	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	270,365	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 270,365	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	4,259	14
15	Telephone, Television and Radio	2,584	15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	6,979	19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 13,822	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	6	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 6	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**See Attached schedule 19A**	40,984	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 40,984	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 3,724,769	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	729,962	31
32	Health Care	1,795,040	32
33	General Administration	820,958	33
	B. Capital Expense		
34	Ownership	343,601	34
	C. Ancillary Expense		
35	Special Cost Centers	38,616	35
36	Provider Participation Fee	58,744	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 3,786,921	40
41	**Income before Income Taxes (line 30 minus line 40)****	(62,152)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (62,152)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.**
Entity is a cash basis taxpayer

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Sunset Manor Nursing Home
Provider # 0046094 **Schedule 19A**
01/01/04 to 12/31/2004

XVII. INCOME STATEMENT

E. Other Revenue (specify):

Transportation	$582
Ancillary's - Other	$34,071
Vending	$38
Day Training	$2,043
Prior Period Adjustment Income	$3,537
Miscellaneous	$713
	$40,984

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,080	2,080	$ 46,053	$ 22.14	1
2	Assistant Director of Nursing	1,993	1,993	44,565	22.36	2
3	Registered Nurses	11,957	12,525	287,187	22.93	3
4	Licensed Practical Nurses	17,090	18,208	356,531	19.58	4
5	Nurse Aides & Orderlies	73,787	76,428	710,900	9.30	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	2,278	2,278	63,927	28.06	7
8	Rehab/Therapy Aides	4,167	4,167	68,128	16.35	8
9	Activity Director	1,637	1,692	15,059	8.90	9
10	Activity Assistants	1,423	1,487	11,017	7.41	10
11	Social Service Workers	2,253	2,253	24,569	10.91	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,080	22,170	10.66	13
14	Head Cook					14
15	Cook Helpers/Assistants	15,787	16,839	125,808	7.47	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,080	22,920	11.02	17
18	Housekeepers	17,552	18,625	147,088	7.90	18
19	Laundry	7,707	8,127	53,643	6.60	19
20	Administrator	1,657	1,735	39,795	22.94	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	2,117	2,117	18,488	8.73	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	158	158	1,495	9.46	31
32	Other Health Ca Care Plan Coord.	3,139	3,199	47,436	14.83	32
33	Other(specify) Transportation	2,025	2,081	18,045	8.67	33
34	TOTAL (lines 1 - 33)	172,967	180,152	$ 2,124,824 *	$ 11.79	34

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	monthly	7,298	L09, C3	36
37	Medical Records Consultant	monthly	88	L10, C3	37
38	Nurse Consultant	monthly	3,046	L10, C3	38
39	Pharmacist Consultant	monthly	250	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant	2	100	L10, C3	42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	2	$ 10,782		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses	N/A			51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Margaret Ferris	Administrator	0	$ 39,795
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 39,795

B. Administrative - Other

Description	Amount
Management Fees (eliminated in column 7)	$ 295,714
TOTAL (agree to Schedule V, line 17, col. 3)	$ 295,714
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
		$
Altschuler, Melvoin & Glasser	Accounting	5,575
Bush, Snyder & Assoc.	Legal	6,933
Brody & Assoc.	Legal	1,635
Senior Housing Consultants	Feasibility Study	4,500
ADP	Computer Services	7,900
America On Line	Computer Services	299
IVANS	Computer Services	603
Rudy Hasdell	Computer Services	370
Arch Wireless	Computer Services	91
LTC Solutions	Computer Services	1,320
AdminaStar Federal	Computer Services	119
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 29,345

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 66,542
Unemployment Compensation Insurance	26,989
FICA Taxes	159,371
Employee Health Insurance	60,577
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Retirement Plan	3,959
Employee Life Insurance	746
Employee Morale	8,203
TOTAL (agree to Schedule V, line 22, col.8)	$ 326,387

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,990
Advertising: Employee Recruitment	189
Health Care Worker Background Check	
(Indicate # of checks performed 53)	594
Miscellaneous Dues & Subscriptions	6,264
Licenses & Permits	3,030
Home Office Allocation	813
Less: Public Relations Expense	(1,730)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 11,150

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	37
Seminar Expense	234
Home Office Allocation	2,212
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 2,483

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Sunset Manor Nursing Home
Provider #: 0046094
01/01/04 to 12/31/04

Schedule 21A

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)	29,345
Allocated from Management Company - Legal	2,986
Allocated From Management Company - Other	15,276
Less Disallowed Professional Fees - Senior Housing Consultants	(4,500)
Less Disallowed Professional Fees - Legal	(96)
Total (agree to Schedule V, line 19, column 8)	43,011

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1			$		$	$	$	$	$	$	$	$	$
2													
3								N/A					
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Sunset Manor Nursing Home # 0046094 **Report Period Beginning:** 01/01/04 **Ending:** 12/31/04

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **No**
If YES, give association name and amount. **N/A**

(3) Did the nursing home make political contributions or payments to a politica
action organization? **Yes** If YES, have these costs
been properly adjusted out of the cost report? **Yes**

(4) Does the bed capacity of the building differ from the number of beds licensed at the
end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 yrs**

(6) Indicate the total amount of both disposable and non-disposable diaper expense
and the location of this expense on Sch. V. $ **15,308** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures
consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? ____ YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for
Schedule VII)? YES ____ NO **X** If YES, please indicate name of the facility,
IDPH license number of this related party and the date the present owners took over
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department
of Public Aid during this cost report period. $ **58,744**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V
for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to
the Department of Public Aid, in addition to the daily rate, been properly classified
in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for
the patient census listed on page 2, Section B? **No** For example,
is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach
a schedule which explains how all related costs were allocated to these functions

(15) Indicate the cost of employee meals that has been reclassified to employee benefits
on Schedule V. $ **N/A** Has any meal income been offset against
related costs? **Yes** Indicate the amount. $ **4,259**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for
residents? **Yes** If YES, please indicate the amount of income earned from such a
program during this reporting period. $ **582**
c. What percent of all travel expense relates to transportation of nurses and patients? **10%**
d. Have vehicle usage logs been maintained? **Adequate records have been maintained.**
e. Are all vehicles stored at the nursing home during the night and all other
times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted
out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? N/A
Indicate the amount of income earned from providing such
transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **Ginoli & Company** The instructions for the
cost report require that a copy of this audit be included with the cost report. Has this copy
been attached? **No** If no, please explain. **Audit currently in progress**

(18) Have all costs which do not relate to the provision of long term care been adjusted ou
out of Schedule V? **N/A**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services
performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustments	Adjusted Total
1. Dietary	147,978	22,199	0	170,177	0	170,177	8,240	178,417
2. Food Purchase	0	178,203	0	178,203	0	178,203	-4,294	173,909
3. Housekeeping	147,088	19,950	0	167,038	0	167,038	48	167,086
4. Laundry	53,643	9,512	0	63,155	0	63,155	-282	62,873
5. Heat and Other Utilities	0	0	80,989	80,989	0	80,989	748	81,737
6. Maintenance	22,920	39,982	7,498	70,400	0	70,400	5,147	75,547
7. Other (specify)*	0	0	0	0	0	0	1,474	1,474
8. Total General Services	371,629	269,846	88,487	729,962	0	729,962	11,081	741,043
9. Medical Director	0	0	7,298	7,298	0	7,298	0	7,298
10. Nursing & Medical Records	1,562,295	74,569	3,484	1,640,348	0	1,640,348	18,103	1,658,451
10a. Therapy	63,927	0	13,750	77,677	0	77,677	7	77,684
11. Activities	44,121	992	0	45,113	0	45,113	8	45,121
12. Social Services	24,569	35	0	24,604	0	24,604	0	24,604
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	1,749	1,749
16. Total Health Care & Programs	1,694,912	75,596	24,532	1,795,040	0	1,795,040	19,867	1,814,907
17. Administrative	39,795	0	295,714	335,509	0	335,509	-194,609	140,900
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	29,345	29,345	0	29,345	13,666	43,011
20. Fees, Subscriptions & Promotion	0	0	12,067	12,067	0	12,067	-917	11,150
21. Clerical & General Office	18,488	7,953	16,377	42,818	0	42,818	62,472	105,290
22. Employee Benefits & Payroll	0	0	326,387	326,387	0	326,387	0	326,387
23. Inservice Training & Education	0	0	2,469	2,469	0	2,469	1,042	3,511
24. Travel and Seminar	0	0	271	271	0	271	2,212	2,483
25. Other Admin. Staff Trans	0	0	10,681	10,681	0	10,681	3,668	14,349
26. Insurance-Prop.Liab.Malpractice	0	0	61,411	61,411	0	61,411	1,487	62,898
27. Other (specify)*	0	0	0	0	0	0	17,150	17,150
28. Total General Adminis	58,283	7,953	754,722	820,958	0	820,958	-93,829	727,129
29. Total General Administrative	2,124,824	353,395	867,741	3,345,960	0	3,345,960	-62,881	3,283,079
30. Depreciation	0	0	120,347	120,347	0	120,347	59,110	179,457
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	178,456	178,456	0	178,456	8,411	186,867
33. Real Estate	0	0	39,964	39,964	0	39,964	-2,061	37,903
34. Rent - Facility & Grounds	0	0	53	53	0	53	4,212	4,265
35. Rent - Equipment & Vehicles	0	0	4,781	4,781	0	4,781	470	5,251
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	343,601	343,601	0	343,601	70,142	413,743
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	14,333	0	14,333	0	14,333	0	14,333
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42	0	0	58,744	58,744	0	58,744	0	58,744
43. Other (specify):*	0	0	24,283	24,283	0	24,283	-24,283	0
44. Total Special Cost Ce	0	14,333	83,027	97,360	0	97,360	-24,283	73,077
45. Grand Total	2,124,824	367,728	1,294,369	3,786,921	0	3,786,921	-17,022	3,769,899

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	0	0
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	547,162	547,162
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	4,374	4,374
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	10,779	10,779
10. Total current assets	562,315	562,315
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	174,053	95,000
14. Buildings, at Historical Cost	3,301,097	3,366,001
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	665,815	647,671
17. Accumulated Depreciation (book methods)	-782,054	-835,112
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	76,440
23. other (specify):	2,055,549	2,055,549
24. Total Long-Term Assets	5,414,460	5,405,549
25. Total Assets	5,976,775	5,967,864
CURRENT LIABILITIES		
26. Accounts Payable	370,029	370,029
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	91,216	91,216
31. Accrued Taxes Payable	0	0
32. Accrued Real Estate Taxes	35,600	35,600
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	641,122	641,122
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	1,137,967	1,137,967
LONG TERM LIABILITES		
39.Long-Term Notes Payable	12,144	12,144
40.Mortgage Payable	3,045,922	3,045,922
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	3,058,066	3,058,066
46.Total Liabilities	4,196,033	4,196,033
47.Total Equity	1,780,742	1,771,831
48.Total Liabilities and Equity	5,976,775	5,967,864

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	3,329,494
2. Discounts and Allowances for all Levels	70,098
Subtotal - Inpatient Care	3,399,592
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	270,365
7. Oxygen	0
Subtotal - Anciliary Revenue	270,365
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	0
14. Non-Patient Meals	4,259
15. Telephone, Television, and Radio	2,584
16. Rental of Facility Space	0
17. Sale of Drugs	0
18. Sale of Supplies to Non-Patients	0
19. Laboratory	6,979
20. Radiologyand X-Ray	0
21. Other Medical Services	0
22. Laundry	0
Subtotal - Other Operating Revenue	13,822
24. Contributions	0
25. Interest and Other Investments Income	6
Subtotal - Non-Operating Revenue	6
27. Other Revenue (specify):	40,984
28. Other Revenue (specify):	0
Subtotal - Other Revenue	40,984
30. Total Revenue	3,724,769
31. General Services	729,962
32. Health Care	1,795,040
33. General Administration	820,958
34. Ownership	343,601
35. Special Cost Centers	38,616
35. Provider Participation Fee	58,744
37. Other	0
40. Total Expenses	3,786,921
41. Income Before Income Taxes	-62,152
42. Income Taxes	0
43. Net Income or Loss for the Year	-62,152

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